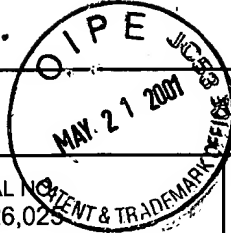


1632

OMB No. 0651-0011 (12/31/86)

|   |                              |                                    |
|---|------------------------------|------------------------------------|
|  AMENDMENT TRANSMITTAL LETTER |                              | ATTORNEY'S DOCKET NO.<br>ENG-100D1 |
| SERIAL NO.<br>09/826,025  | FILING DATE<br>April 4, 2001 | EXAMINER<br>unassigned             |
| INVENTION<br>Combination Immunogene Therapy   |                              | GROUP ART UNIT<br>1632             |

RECEIVED  
MAY 24 2001

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:

TECH CENTER 1600/2900

Transmitted herewith is an amendment in the above-identified application.


- ☒ Small entity status of this application under 37 CFR 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.
- ☒ The fee has been calculated as shown below:

| (1)  |                                  | (2)   |                                 | (3)           | SMALL ENTITY     |            | OTHER THAN A SMALL ENTITY |                  |            |
|--|----------------------------------|-------|---------------------------------|---------------|------------------|------------|---------------------------|------------------|------------|
|  | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE             | ADDIT. FEE | <u>OR</u>                 | RATE             | ADDIT. FEE |
| TOTAL  | * 34                             | MINUS | ** 20                           | 14            | \$ 9             | \$126.00   |                           | \$18             | \$0        |
| INDEP.   | * 4                              | MINUS | *** 3                           | 1             | \$40             | \$ 40.00   |                           | \$80             | \$0        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                 |               |                  |            |                           | \$270            | \$0        |
|  |                                  |       |                                 |               | Total addit. fee | \$166.00   | <u>OR</u>                 | Total addit. fee | \$0        |

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the Highest No. Previously Paid For IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the Highest No. Previously Paid For IN THIS SPACE is less than 3, enter "3."  
 The Highest No. Previously Paid For (Total or Indep.) is the highest number found in the appropriate box in Col. 1.

- ☒ Please charge my Deposit Account No. 19-0065 in the amount of \$ 166.00. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-0065. A duplicate copy of this sheet is enclosed.
  - ☒ Any additional filing fees required under 37 CFR 1.16.
  - ☒ Any patent application processing fees under 37 CFR 1.17.

May 16, 2001  
 (date)  
 Form PTO-FB-A520 (8-83)  
 (also form PTO-1083)



(signature)  
 Patent and Trademark Office - U.S. DEPARTMENT OF COMMERCE